

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">09/822077</div>		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I						51					
2		D					52					
3		D					53					
4		D					54					
5		D					55					
6		D					56					
7	I						57					
8		D					58					
9		D					59					
10		D					60					
11		D					61					
12		D					62					
13		D					63					
14		D					64					
15	I						65					
16		D					66					
17		D					67					
18		D					68					
19		D					69					
20		D					70					
21		D					71					
22		D					72					
23	I						73					
24		D					74					
25		D					75					
26		D					76					
27		D					77					
28		D					78					
29	I						79					
30		D					80					
31		D					81					
32		D					82					
33		D					83					
34		D					84					

09/822077

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* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	6					
Total Depend	38					
Total Claims	44					

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						